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ABSTRACT

This paper outlines the preparations necessary for state psychological associations to make a timely, well-coordinated, and successful mental health response to disaster or trauma. It is suggested that early planning, recruiting, training, connecting with an authorized disaster organization, forming a mental health coalition, organizing administrative and response procedures and personnel, and developing notification and communication procedures should place a state Disaster Response Network in a good position to adapt to changing demands and successfully provide emergency mental health services when needed. (GCP)

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DISASTER RESPONSE NETWORKS IN UNCERTAIN TIMES: PRACTICAL RECOMMENDATIONS

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DISASTER RESPONSE NETWORKS IN UNCERTAIN TIMES: PRACTICAL RECOMMENDATIONS[1]

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By way of introduction, I am the Utah Psychological Association's Disaster Response Network (DRN) Coordinator and the Western Region Representative to the American Psychological Association (APA) DRN Advisory Committee. I am also the current UPA President, Disaster Mental Health (DMH) State Lead for the American Red Cross of Utah, and a member of the Utah Critical Incident Stress Management (CISM) Team. The ideas that follow come from these overlapping roles of state association leader, DRN coordinator, and DMH lead.

The Need

Natural and man-made disasters or tragedies occur all too frequently. These are uncertain and perilous times. Local crises can place political and public relations pressures on state psychological association leadership for an organized, well-coordinated mental health response. Unfortunately, small to moderate local crises don't motivate busy psychologists to make themselves available.

On the other hand, dramatic events with national exposure (such as the recent Rhode Island nightclub fire) or large tragedies that transcend geographic boundaries (such as the terrorist acts of September 11, 2001) require little effort to recruit volunteers. These tragedies have a more universal motivational pull, but, because of their emotional draw, present a different organizational and management challenge with an overabundance of volunteers.

Every state has its own events which require a mental health response. This past year in Utah, in addition to the usual residential, apartment, business, and hillside vegetation fires, we have had the 2002 Salt Lake City Winter Olympics, the Elizabeth Smart kidnapping in Salt Lake City, a tornado in Manti, and a mud-slide flood in Santaquin. All of these required different types of response from our state DRN.

Regardless of the level of local or national press and media coverage, each crisis poses different organizational challenges for a state psychological association. The events in Utah, ranging from strictly local to worldwide interest, helped us develop and maintain our state DRN. The recommendations that follow come from our experiences and allow for adapting to a small, contained response or a large, on-going response.

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[1] Paper presented at the American Psychological Association's Practice Organization State Leadership Conference, Washington, D.C., March 3, 2003. For more information contact richard_heaps@byu.edu.

Recommendations

In order for a state psychological association to make a timely, well-coordinated, and successful mental health response to disaster or trauma, a number of preparations must occur. Many of these are outlined below. Their order of importance will depend on the status of a state association's preparedness:

1. Don't wait! Do it now! When a crisis happens it's too late to plan or organize.
2. Formally organize a Disaster Response Network (DRN) by starting with a willing Coordinator and clear oversight by the state psychological association. A DRN Committee may be helpful.
3. Establish an organizational and administrative structure within your DRN which allows for flexibility and continuity of service under unusual or unexpected conditions.
4. If needed, get assistance from those with experience, from your region's DRN Advisory Committee Representative, or from the APA DRN Director (see Appendix B).
5. Begin developing your own disaster plan and response procedures. Include procedures for notifying and communicating with DRN members, orienting volunteers to their role, making spontaneous changes in assignments, coordinating with other organizations or other disaster response functions, helping others understand the role of DMH, and helping with stress management of other workers.
6. Anticipate and identify upcoming community events that may draw public attention and crowds (e.g., sporting, concert, cultural, etc.). Plan for possible disasters at these events and appropriate DRN responses.
7. Anticipate and identify possible, unexpected tragedies (e.g., shootings, bombings, fires, natural disasters, etc.). Plan appropriate DRN responses.
8. Talk with and get help from emergency planning experts to do the above.
9. Recruit association members into your DRN.
10. Use your DRN to recruit new association members.
11. Provide disaster, trauma, mass casualty, and emergency mental health training. No cost or low cost training is often available from other organizations (see #'s 12 and 14 below) or from qualified DRN members.
12. Develop agreements with authorized, non-parochial disaster or crisis response groups to use your DRN for mental health assistance when needed (e.g., American Red Cross, state CISM Team). Follow the lead of our parent organization, APA, and develop a formal connection with your state's Red Cross units. This affiliation gives legitimate access to those needing emotional support if unwanted events should occur, and provides security while on duty as well as flexibility in assigned locations.
13. Identify other mental health provider groups and agencies in your state. They will likely have interest in some level of disaster response.

14. Develop a formal coalition with other mental health groups. Decide on and define response procedures for each group that allows for compatible, complementary, and non-competitive roles.
15. Arrange agreements with your state licensing division for using out-of-state volunteers, if your state code permits.
16. Develop procedures to verify license, credentials, and training of volunteers who apply to the DRN in advance and those who become on-site "walk-ons."
17. Develop procedures to deal with, screen, train, or decline "walk-on" volunteers at the scene of a crisis event. When dramatic tragedies occur, large numbers of mental health providers seem to descend on a scene, wanting to provide service.
18. Develop ID procedures (e.g., badges, hats, jackets, vests, etc.)—usually unnecessary if responding through organizations such as Red Cross or CISM, which have their own ID procedures. Corporate donations may also be helpful with this.
19. Engage in test exercises of your emergency response plan and procedures. You will likely find previously unanticipated problems. It is far better to discover these problems during a trial run of your procedures than during a response to real tragedy.

Early planning, recruiting, training, connecting with an authorized disaster organization, forming a mental health coalition, organizing administrative and response procedures and personnel, and developing notification and communication procedures should place a state DRN in a good position to adapt to changing demands and successfully provide emergency mental health services when needed.

American Red Cross and the DRN

It is important here to note a relationship between our national and state psychological associations and the American Red Cross that can help your planning and response processes. A brief history might be helpful: The American Red Cross formally introduced Disaster Mental Health Services (DMHS) as a new disaster service in late 1991. On December 13, 1991, an official Statement of Understanding formalizing a cooperative relationship between the Red Cross and APA was signed. APA's Disaster Response Network (DRN) was officially "unveiled" on August 14, 1992 as a special centennial gift to the nation in response to numerous large disasters that had devastating impact on the lives of incredibly large numbers of victims. The DRN is APA's mechanism for providing psychologist assistance to the Red Cross.

Many state psychological associations have neither the financial nor physical resources to provide a truly independent disaster mental health response. Therefore, it is imperative to connect with an organization such as the American Red Cross which has a legitimate and expected role, including a clear physical presence, at times of disaster or other traumatic events. An additional advantage of collaborating with the Red Cross is that the agreements and procedures are already in place!

Appendix A

Summary:
Recommendations for State Associations[2]

(Richard A. Heaps, Ph.D., ABPP)

- Plan Now—Be Prepared!
- Appoint a DRN Coordinator & Other DRN Leaders
- Organize a DRN
- Organize for Flexibility and Continuity
- Develop Disaster Plans and Response Procedures (including notification and communication procedures)
- Recruit Association Members into DRN
- Use DRN to Recruit New Association Members
- Anticipate Crisis Events (e.g., High Risk, High Profile, and Likely Events)
- Provide Training
- Create Cooperation Agreements with Authorized Disaster or Crisis Response Group(s)
- Form a Mental Health Coalition with Complementary, Non-Competitive Roles
- Obtain Needed Agreements From State Licensing Division to Use Out-of-State Volunteers
- Develop Screening Procedures for Usual Volunteers and Crisis "Walk-Ons"
- Arrange for ID Procedures
- Test your Plan and Procedures
- SUCCESS!

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[2] Overhead transparency for APA's Practice Organization State Leadership Conference, Washington, D.C., March 3, 2003. For more information contact richard_heaps@byu.edu.

Appendix B

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